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DECEASED JOINT TENANCY AFFIDAVIT

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2002-04-22 11:23:59
Cook County Recorder 25.50



NORMA M. SMITH, hereinafter referred to as affiant, states under oath that the affiant resides at 8028 W. Gregory Street, Chicago, Illinois 60656; that the affiant was acquainted with LAURA SMITH, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property located as hereinafter described:

(The Above Space For Recorder's Use Only)

LOT 159 IN WITWICKI'S SECOND ADDITION TO GLEN EDEN ESTATES, BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER OF SECTION 11 AND PART OF THE NORTHWEST QUARTER OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO PLAT RECORDED APRIL 26, 1956 AS DOCUMENT NO. 16562104 IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 12-11-209-013-0000

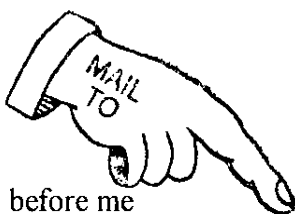
Address(es) of Real Estate: 8028 W. Gregory Street, Chicago, Illinois 60656

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on 9/3/98 leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property, was \$ 450,000.00 and that the value of the above property individually was \$ 300,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, due from the decedent's estate, has been paid in full;



Norma M. Smith
AFFIANT

SUBSCRIBED AND SWORN to before me me this 12th day of March, 2002.

THIS INSTRUMENT WAS PREPARED BY:
John G. Mulroe
Attorney at Law
6687 North Northwest
Chicago, Illinois 60631

Carol A. Mulroe
NOTARY PUBLIC



AFFIDAVIT OF NO ESTATE TAX DUE

The Affiant, regarding the possible liability for State Inheritance Tax for the estate of Decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am NORMA M. SMITH, daughter of LAURA SMITH. I reside at 8028 W.

Gregory Street, Chicago, Illinois 60656.

(2) I am personally acquainted with the affairs of the estate of LAURA SMITH, who died on 9/3/98.

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax:

(elect one - initial choice)

X (a) that no tax is due; or

_____ (b) that if any tax is due, there are sufficient other assets to pay such tax; or

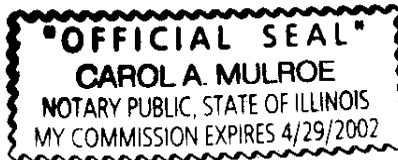
_____ (c) that any tax due has been paid.

and I make this affidavit for the purpose of inducing the Registrar of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof, Affiant guarantees the truth of the statements herein contained.

Norma M. Smith

SUBSCRIBED AND SWORN to before me this 12th day of March, 2002.

Carol A. Mulroe
NOTARY PUBLIC



DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 04 1998

L. SHEILA LYNE, RSM, LOCAL
REGISTRAR OF VITAL STATISTICS OF
THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
AND DEATHS FOR THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE STATE
OF ILLINOIS AND THE ORDINANCES OF
THE CITY OF CHICAGO, THAT THE
ACCOMPANYING CERTIFICATE ON THIS
SHEET IS A TRUE COPY OF A RECORD
KEPT BY ME IN PURSUANCE OF SAID
LAWS AND ORDINANCES.

Sheila Lyne

THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

STATE FILE NUMBER: 6/4234

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED-NAME: FIRST MIDDLE LAST
LAURA B. SMITH

SEX: 2 FEMALE

DATE OF DEATH (MONTH, DAY, YEAR): 3 SEPTEMBER 3, 1998

COUNTY OF DEATH: COOK

DATE OF BIRTH (MONTH, DAY, YEAR): 5d. AUGUST 25, 1911

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 6a. CHICAGO

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. 8028 W. GREGORY

AGE-LAST BIRTHDAY (YRS) MOS. DAYS: 5a. 87

UNDER 1 DAY: 5b. HOURS MIN

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8b. NONE

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE):

USUAL OCCUPATION: 11a. SEAMSTRESS

KIND OF BUSINESS OR INDUSTRY: 11b. CLOTHING

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER): 10. 323 01 7542

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. CHICAGO

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): 14a. WHITE

OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUER TO RICO, ETC.): 13c. YES

INSIDE CITY (YES/NO): 13c. YES

COUNTY: 13d. COOK

ZIP CODE: 13e. 60656

RELATIONSHIP: 16. FRANCES

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17a. 8028 W. GREGORY, CHICAGO, ILL. 60656

FATHER-NAME FIRST MIDDLE LAST: 15. WITOLD BOGUSZEWSKI

MOTHER-NAME FIRST MIDDLE LAST: 14b. NO

IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) Ischemic cerebrovascular accident

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: 20b.

MAJOR FINDINGS OF OPERATION: 20c.

DATE OF DEATH: 21c. 2:35 P. M.

DATE SIGNED (MONTH, DAY, YEAR): 22b. SEPTEMBER 4, 1998

ILLINOIS LICENSE NUMBER: 22d. 036-081319

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL

CEMETERY OR CREMATORY-NAME: 24b. ALL SAINTS CEMETERY

LOCATION: 24c. DES PLAINES, ILLINOIS

STATE: ILLINOIS

DATE (MONTH, DAY, YEAR): 24d. SEPTEMBER 5, 1998

STREET AND NUMBER OR R.F.D.: 25a. CUMBERLAND CHAPELS 8300 W. LAWRENCE

CITY OR TOWN: NORRIDGE, ILLINOIS

STATE: ILLINOIS

ZIP: 60656

FUNERAL DIRECTOR'S SIGNATURE: 25b. Sheila Lyne

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 031-008880

LOCAL REGISTRAR'S SIGNATURE: 26a. Sheila Lyne

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b.

BASED ON 1989 U.S. STANDARD CERTIFICATE

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records